



White Rock Christian Academy

ADMISSION RECORD

STUDENT NAME: _____

OFFICE USE ONLY

Application Fee

Cash (*issue receipt*) Cheque # _____ Wire Amount \$ _____ Date: _____

Process Record

Date Received: _____ Grade Entering: _____ Year: _____

Interview Date: _____ Time: _____

Accepted: _____ Not Accepted Waiting List Withdrew Application
Date

Approved By: _____ *ISP* _____ *PRINCIPAL*

Language Test is requested:

iTEP Slate Exam In House Language Test

ELL Level

ELL Level 1 ELL Level 2 ELL Level 3

No ELL Required

Enrollment Record

Offer Issued on: _____

Payment Record: Cash (*issue receipt*) Cheque # _____ Bank Draft # _____

Wire Amount \$ _____ Date: _____ Wire No.: _____

LOA Issued Date: _____

Start Date: _____



White Rock Christian Academy

INTERNATIONAL STUDENT PROGRAM

ADMISSIONS CHECKLIST

Applications will not be considered complete unless all elements are submitted:

Application Form:

- Students' Profile, with one recent photo
- Family Profile
- Personal Information Privacy Policy Consent Form
- Legal Residency of Parents-Form A
- Pastoral Reference

Mandatory Documents:

- Transcripts for the past two years of education, officially translated into English
(student's school records must demonstrate consistent work habits, good moral character and a positive attitude)
- Teacher's reference letter – must be written by current teacher with contact and translated
- ITEP Slate Score (<http://www.itepexam.com/en/for-test-takers/schedule-a-test>) or ESOL Test Report
- Copy of student's passport (photo page)
- Copy of birth certificate
- Copy of most recent Study Permit (if available)
- Copy of photo ID of parents
- Copy of Vaccination Record

Non-Refundable Application Fee: \$300.-

- Cheque issued to WRCA.
- Cash payment to the school office
- Cash deposit to school account
- Wire transfer to school account
(bank information attached)

Mail all documents to:

White Rock Christian Academy
Attention: International Student Coordinator
2265 152 Street
Surrey, BC, V4A 4P1

ADMISSION PROCESSING

Upon receipt of an application, White Rock Christian Academy will contact the applicant and arrange a time and date for an interview with the applicant and his/her parent(s). Interviews will be arranged with those applicants who meet the requirements of the International Student Program and who are eligible for placement within the program.

Applicants will be notified whether or not they have been accepted within 2-4 weeks after the interview. Within two weeks of acceptance, all applicable fees will be required before an Official Letter of Acceptance (LOA) is issued.

FEES

- Tuition Fee for the school year 2019-2020: \$18,500
 - Recommended donation per family: \$2,000
 - ELL Fee: Refer to the ELL Fee attached
 - Custodian and Home Stay Service Fee: Refer to ISP Custodian Service Fee Schedule
 - Building Levy Fee: \$500
- Summer Transitional Program : \$2000

ENGLISH LANGUAGE LEARNING (ELL) PROGRAM POLICY

WRCA reserves the right to deem it necessary for an international student to enroll in the ELL program based on the initial testing results of an ELL assessment. WRCA will determine the level of support each student requires. It is mandatory for a student to enroll in WRCA's ELL program if it is determined by the assessment that their English language level is not approaching the grade level they have enrolled in within WRCA. WRCA will give notification to the student if this is the case.

If a student receives notification from WRCA, he/she is required to enroll in the ELL program. The student will be required to participate in the ELL program until it has been determined by both the ELL teacher and the student's classroom teacher(s) that the student's English language ability is approaching what is expected for his/her grade level.

ADMISSIONS POLICY

I/We have read and understand that, as a requirement of admission, White Rock Christian Academy will determine the level of support that our child/ren will receive in regards to English Language Learning. I/We agree that our child/ren will attend and participate in English Language Learning classes for at least one year from the date of entry into White Rock Christian Academy. I/We recognize that, dependent on the level of support that my/our child/ren will received, White Rock Christian Academy may assess that an additional fee is required. I/We agree to pay the additional cost of this service and have reviewed the additional fee structure as outlined on the attached ELL note.

Parent's Signature

Date

Parent's Signature

Date

Custodian's Signature

Date

REFUND POLICY

BEFORE YOU SUBMIT THIS APPLICATION FORM, PLEASE CAREFULLY READ THE FOLLOWING:

This policy applies when a student withdraws after fees are paid.

In the event that a student authorization cannot be obtained, or the student decides not to attend or withdraws from the school, the following refund policy will apply:

1. If the student visa is not approved, a 90% refund of tuition and full amount of fees will be given (original letter of rejection from the Embassy is required for copying).
2. If the student withdraws prior to the first day of school, half of the tuition and fees are refundable.
3. If the student withdraws after the first day of the school, tuition and fees are non-refundable.
4. No refund of paid tuition or fees will be granted if the student at any time is found to be in violation of school regulations and asked to withdraw from the school.
5. If an international student receives BC Residency Status or becomes a landed immigrant after fees are paid, he/she is eligible for the BC resident tuition rate for the following school year.

I/We have read and understand the policies and procedures of admission to White Rock Christian Academy.

Parent's Signature

Date

Parent's Signature

Date

Custodian's Signature

Date



White Rock Christian Academy

STUDENT PROFILE

Student's Name: _____
Legal First Name Legal Last Name Legal Middle Name

Usual First Name Usual Last Name

Gender: _____ Date of Birth: _____ Place of Birth: _____
Day/Month/Year City Country

Citizenship: _____ Student Visa Expiry Date: _____

Personal Medical No: _____ - _____ - _____

Requested Grade Placement: _____ For _____
Month Year

List chronologically all previous schools attended, including Kindergarten. *(Please provide the mailing address and fax number of the last school attended only. This will allow us to send for school records).*

NAME OF SCHOOL	Address, City, Postal Code	Fax Number	Year	Grade

Previous academic achievement has been:

- Superior Above average Average Below Average

Has the student ever received any learning assistance, ESL training, special education instruction or counselling?

Yes No Explain: _____

Has the student ever repeated a grade or been retained? Yes No

If yes, state at which grade level and explain reasons: _____

Has the student ever been suspended or expelled? Yes No

If yes, state at which grade level and explain reasons: _____

How many days of school did the student miss last year? _____ Explain: _____

Describe any physical, mental or emotional disabilities (allergies, heart, hearing impaired, speech impediment, nervous condition, etc.): _____

Describe your child's personality (shy, nervous, outgoing, strong-willed, cooperative, confident, etc.): _____

MEDICAL INFORMATION

Does your child have any life-threatening allergies or illness? Yes No

Medical Condition: _____

Does your child have an EPI-PEN? Yes No

Does your child wear a Medic Alert Bracelet? Yes No

Does your child use a ventolin inhaler? Yes No

Does your child manage their condition independently (carry/administer their own medication)? Yes No

Comments: _____

Kind of medication and dosage which must be stored at school: _____

Emergency Instructions: _____

What other medical information would help us understand your child better (speech, hearing, birth complications, heart, vision, development, etc.)? _____

Has your child been referred to any specialists (allergist, eye doctor, hearing, pediatrician, etc)? _____

Has your child ever received any diagnostic testing? Yes No

Dates of testing (if applicable): _____

Is this information available to the school? Yes No

Explanation: _____

Do any agencies such as the Child Development Centre, health clinics or speech pathologists have reports on your child? Yes – Please attach any copies No

Is there anything else you would like us to know about your child? _____

Parent/Guardian Signature: _____ Date: _____



White Rock Christian Academy

STUDENT FAITH COMMITMENT

We believe that the goals of White Rock Christian Academy can only be realized if home, school and church are truly an extension of one another, thereby creating a united nucleus from which the student can develop the attributes for Godly character. The following questions are designed to help us in our student/family selection for White Rock Christian Academy.

The student's attitude, conversation, and behaviour reflect the character of the institution from which he/she derives his/her training, both home and school. This form reflects the school's attempt to help determine where home, school and church can truly be in partnership.

Name: _____ Date: _____

What church do you attend? _____

How often do you attend church? _____

Do you attend church with your parents? Yes No

Do you attend a youth group? Yes No Where? _____

Who is your youth group leader? _____

Are you a Christian? Yes No

PLEASE ENCLOSE THE FOLLOWING:

GRADES K-5 Parents and student, discuss and briefly respond to the following question on a separate paper: *Describe what Jesus Christ means to you.*

GRADES 6-12 Student, please answer the following questions on a separate paper:

1. *Describe what Jesus Christ means to you.*
2. *Describe your commitment to being a Christian.*
3. *Describe your commitment to your church.*



White Rock Christian Academy

STANDARD OF CONDUCT

Galatians 5:22-23 outlines the Biblical mandate for a Christian lifestyle:

But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self control. Against such things there is no law.

The following commitments put into practical terms the expectations that the school has for Christian conduct.

STUDENT COMMITMENT

As a student of White Rock Christian Academy, I will strive to model Godly character in every aspect of my life. I will remain committed to developing my relationship with God. I will serve God by serving the community in which I live. I will commit myself to the following areas:

1. Attend church on a weekly basis
2. Follow the rules of the school
3. Exhibit diligent work habits
4. Wear my uniform according to the guidelines in the student handbook
5. Show respect for my fellow students, teachers and the authorities of the school
6. Refrain from immoral behaviour

Should I be found negligent in any of the above commitments, I will accept the appropriate discipline. If I do not demonstrate an enthusiastic willingness to follow the above commitments, I will accept that I should withdraw myself from White Rock Christian Academy.

Student's Signature: _____ Date: _____
(Parents to sign for students up to Grade 4)

PARENTAL COMMITMENT

We will endeavour to ensure that our child faithfully obeys all the above commitments. Should our child be found negligent in any of the above commitments, we will accept the appropriate discipline for our child, or withdraw our child from White Rock Christian Academy.

1. I agree with the vision of White Rock Christian Academy.
2. I fully understand the tuition refund policy for International Students.
3. In matters of discipline, my child(ren) will be subject to the disciplinary action of the staff and administration. I understand that I will be given the opportunity to discuss disciplinary matters affecting my child(ren) with the staff, administration and Board of Directors if necessary.
4. I understand that the school reserves the right to dismiss any student who does not respect the standards of the school or cooperate in the education process.
5. I have, to the best of my knowledge and ability, answered all questions truthfully and completely.

Date: _____

Signed: _____

Father or Guardian

Note: Both signatures required where applicable.

Mother or Guardian



White Rock Christian Academy

FAMILY PROFILE

FAMILY INFORMATION

Last Name: _____ Home Phone: () - _____
 Address: _____ City: _____ Province: _____ PC: _____
 Father's Name: _____ Mother's Name: _____
 Occupation: _____ Occupation: _____
 Employer: _____ Employer: _____
 Email: _____ Email: _____
 Cell: () - _____ Cell: () - _____
 Business Phone: () - _____ Business Phone: () - _____
 We chat ID: _____

How did you hear about White Rock Christian Academy? _____

Citizenship of parents: _____ Primary language spoken at home: _____

Marital status: Married Divorced Separated Widow(er) Single
 If remarried, name of spouse: _____

Student lives with: Both Parents Father Mother Custodian: _____
 Homestay: _____
Name *Name*

Church affiliation of parents/guardians: _____
Home Church *Denomination*

Family Doctor: _____ Phone: () - _____

Family Dentist: _____ Phone: () - _____

Emergency contact information if parents cannot be reached:

Name	Relationship to Child	Phone: () - _____	Cell: () - _____
Name	Relationship to Child	Phone: () - _____	Cell: () - _____

Out-of-Lower Mainland Emergency Contact (in case of an earthquake):

Name	Relationship to Child	Phone: () - _____	Cell: () - _____
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List all children you are enrolling at White Rock Christian Academy:

CHILD(REN) NAME(S)	GRADE	BIRTH DATE (DD/MM/YYYY)	GENDER	SCHOOL CURRENTLY ATTENDING

If you have a child enrolling in Kindergarten *next* September, please list name below:

Child's Name: _____ Gender: _____ Birth Date: _____

FAMILY INFORMATION CONTINUED

Why do you desire to enroll your child(ren) at White Rock Christian Academy? _____

What strengths does your family offer to the school? _____

Is your family in the process of applying for Immigration status? (including Work Permit Applications)

- Yes, we are applying now.
- No, we do not have any intention of applyign for immigration status.
- We are planning to apply in the new future.

FAMILY REFERENCES

- Families attending the school who can vouch for your character: _____
Name(s)
- Pastor: Please have your pastor fill out the attached reference letter.

PARENTAL COMMITMENT

In making this application,

I agree with the vision of White Rock Christian Academy.

I fully understand the tuition refund policy.

I fully understand the ELL policy

I have, to the best of my knowledge and ability, answered all questions truthfully and completely.

Date: _____

Signed: _____

Father or Guardian

Mother or Guardian

*Note: Both signatures required
where applicable*



White Rock Christian Academy

PERSONAL INFORMATION PRIVACY POLICY [B] – CONSENT FORM

Name(s): _____
Last Name *Student Name(s)*

The purpose of this consent form is to keep student information current and be in accordance with the Personal Information Privacy Policy implemented at White Rock Christian Academy September 2004.

GENERAL CONSENT

1. Upon acceptance to White Rock Christian Academy, I give consent to the school to collect personal information that may include student identification information, birth certificate, legal guardianship, court orders if applicable, parents' work numbers and e-mail address, behavioural, academic and health information, most recent report card, emergency contact name and number, doctor's name and number, health insurance number and any similar information.
2. I further consent to the use and disclosure of information contained in the application forms and otherwise collected by or on behalf of White Rock Christian Academy (1) for the purpose of establishing, maintaining, and terminating the student's or parent's relationship with White Rock Christian Academy, (2) for additional purposes identified when or before personal information is collected, and (3) as otherwise provided in White Rock Christian Academy's Personal Information Privacy Policy, a copy of which is available on request.
3. I also consent to the collection, use and disclosure of such personal information by and to agents, contractors and service providers (e.g. Ministry of Education, Public Health Authority) of White Rock Christian Academy for the purposes listed above.

This information is required in order to register your child(ren) at this school and assist the school authority in making an informed decision as to your child's suitability and appropriate placement in the school. It will also allow the school to respond immediately to an emergency. For more information, please contact the school's Privacy Officer.

Signature: _____ Date: _____

PHOTOGRAPHY & WORK SAMPLES

4. I consent to having photographs, video and work samples of my child(ren) used by White Rock Christian Academy in the yearbook, newsletters, website, and other promotional material.

Signature: _____ Date: _____

PHONE DIRECTORY

5. I consent to having the following information included in the "school family" phone directory:

Home Phone Number Address E-mail

Signature: _____ Date: _____

White Rock Christian Academy acknowledges that there will be no disclosure of personal information to unauthorized personnel or third parties who are not directly involved in school management or the care, supervision and instruction of your child(ren) at this school, unless written authorization from a parent or legal guardian is provided to the school. The school will securely store all digital and hard copy parent and student personal information.



White Rock Christian Academy

LEGAL RESIDENCY OF PARENTS—FORM A

(If parents are deceased, use Form B)

To be completed and signed by a parent or legal (court-appointed) guardian. (If legal guardian, attach a copy of court order appointing you as a legal guardian).

I am (please mark one with an **X**):

- A Canadian citizen (please attach photocopy of citizenship paper/card or passport)
- A permanent resident/landed immigrant (attach photocopy of landed immigrant status paper or PR card)
- Lawfully admitted to Canada under one of the following documents (please mark the appropriate box below and attach photocopy of document):
 - Admission as a refugee claimant or have refugee status
 - Student authorization (student visa) for one year or longer
 - Employment authorization (working permit) for one year or longer
 - A person carrying out official duties as a diplomatic or consular official (with a foreign representative acceptance counter foil in his/her passport)
 - Other – Document description: _____

Must be cleared with Immigration Canada

I am a resident of British Columbia (please mark one with an **X**):

- Yes Residency Address: _____

Street Address

City

Province

Postal Code

- No I am not a resident of British Columbia

Confirming Signature

Parent's/Legal Guardian's Name: _____

Parent's/Legal Guardian's Signature: _____

Date: _____



White Rock Christian Academy

PASTORAL REFERENCE

Please fill in your information and have your pastor complete this form as part of your application.

Name of student(s): _____	Grade(s): _____
Name of Parent(s): _____	

The above-noted parents are seeking to enroll their child(ren) at White Rock Christian Academy. We would appreciate your cooperation in taking a few minutes to answer these questions:

1. How long have you known this family and in what context? _____

2. How well do you know the family? Very Well Well Casually
3. Does the family attend church regularly (at least 3 times per month)? Yes No
4. Are the parents active in church ministries? Please specify: _____

5. What is your understanding of the family's relationship with God? _____

6. Would this family be supportive of White Rock Christian Academy's Standard of Conduct? Yes No
7. Do you recommend this family's acceptance to White Rock Christian Academy?
 Yes No With Reservation: _____

Name: _____	Position Held: _____
Signature: _____	Date: _____
Church: _____	Phone Number: _____

Note: This applicant has applied for enrollment/re-enrollment at White Rock Christian Academy and their application will not be processed until we have receive this personal reference form. Please mail this form to:

White Rock Christian Academy Or fax it to: 604-531-1727
 2265 152 Street
 Surrey, BC
 V4A 4P1

Thank you for your time and cooperation.